PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE PATENT APPLICATION FEE DETERMINATION RECORD Applica Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN SMALL ENTITY (Column 1) (Column 2) OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE BASIC FEE RATE (37 CFR 1.16(a)) \$770,0 OR' TOTAL CLAIMS × \$ 9.00 (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) + s290, = OR, * If the difference in cofumn 1 is less than zero, enter *0" in column 2. TOTAL OR TOTAL (IMS AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) OR SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-ENDMENT ADDI-**AFTER PREVIOUSLY EXTRA** TONAL TIONAL NENDMENT PAID FOR FEE Total (37 CFR 1.16(c)) Minus OR Independent (37 CFR 1.16(b)) Minus x s 86 = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST $\mathbf{\omega}$ REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-AMENDMENT PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE' FEE Total (37 CFR L16(c)) Minus OR Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) + \$290= OR TOTAL TOTAL ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-ENDMENT AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total Minus (37 CFR 1,16(c)) OR Independent (37 CFR 1.16(b)) Minus

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

TOTAL

ADD'L FEE

OR

OR

OR

TOTAL

ADD'L FEE

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

| | | | | | | | | | Application or Docket Number | | | | |
|--|---|---|--------------------|--------------------------|--------------|---------------|-------|--------------|--|--------------------|-----------------|-----------------|----|
| PATENT APPLICATION FEE DETERMINATION RECORD | | | | | | | | | | | | | |
| Effective October 1, 2003 | | | | | | | | | 10.681.567 | | | | |
| CLAIMS AS FILED - PART I SMA | | | | | | | | | | LENTITY OTHER THAN | | | |
| (Cotumn 1) (Cotumn 2) | | | | | | | | TYPE | | OR | OR SMALL ENTITY | | |
| TOTAL CLAIMS HE | | | | | | | • | RATE | FEE |] | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FEI | 385.00 | OR | BASIC FEE | 770.00 | |
| TOTAL CHARGEABLE CLAIMS | | | 45 minus 20= | | • 25 | | | XS 9= · . | | OR | X\$18= | 450 | |
| INDEPENDENT CLAIMS | | | 나 minus 3 = | | | | | X43= | | OR | X86= | 86 | |
| MA | ILTIPLE DEPEN | IDENT CLAIM P | RESENT | | | | | +145= | | OR | +290= | | |
| • If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTAL | | OR | TOTAL | 1, 596 | |
| 10-8-3 CLAIMS AS AMENDED - PART II OTHER THA | | | | | | | | | | | | THAN | l |
| ľ | (Column 1) (Column 2) (Column 3) | | | | | | | | ENTITY | OR | SMALL | ENTITY | |
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| Ĭ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | i | | 1290s | | |
| 1, 33, 43, 44 | | | | | | | | +145= | L | OR | | | |
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| 4 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | | •290 • | | |
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| Ш |]] | (Column 1) | | (Cohur | | (Column 3) | | | | | | | |
| 6 | ` | CLAIMS REHAMING | | HIGH NUM | BER | PRESENT | ارا | | ADOI- | | COTT | ADDI- | , |
| Ę | | APTER AMENDA | • | PREVIO | POP) | EXTRA | ′ | RATE | TIONAL FEE | | RATE | TIONAL | |
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| AMENOMENT O | Independent | | Minus | - 0 | 3 | 9/ | | X43= | | O'R | X86= | / | |
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| +145= OR +290= | | | | | | | | | | | | | |
| _ | "If the entry in column 1 is less than the entry in column 2, write "O' in column 0. "If the entry in column 1 is less than the entry in column 2, write "O' in column 0. "If the entry in column 1 is less than the entry in column 2, write "O' in column 0. "OTAL OR ADDIT. FEE ADDIT. FEE ADDIT. FEE | | | | | | | | | | | | |
| 7 | t the "Highest Mu The "Highest Must | mber Proviously Pa ther Proviously Pal | d For (Total o | is SPACE to Independe | ent) is the | highest rumbe | r tou | we so the ed | propriate bo | th co | lemo 1. | | |
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